

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### EMPLOYMENT VERIFICATION

**APPLICANT: Complete top portion of this form and forward to past or present employer.** Proper completion of this form is required for processing of the application. Failure to submit proper documentation of employment will delay processing of your credential application.

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>			<b>Date of Birth</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>I hereby authorize the employer named below to provide the Department with the information requested below.</b>			
Applicant Signature: <input type="text"/>		Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**PAST OR PRESENT EMPLOYER: Certify employment below and return directly to DSPS. You may fax/email to: (608) 261-7083 or [DSPSCREDBAC@wisconsin.gov](mailto:DSPSCREDBAC@wisconsin.gov).**

<b>Manager/Owner Name</b> <input type="text"/>	<b>Check One:</b> <input type="checkbox"/> Manager <input type="checkbox"/> Owner
<b>Establishment Name</b> <input type="text"/>	<b>Establishment License Number</b> <input type="text"/>
<b>Establishment Address</b> (street, city, state, zip) <input type="text"/>	
<b>Employment Period:</b> (include month, day, and year)   From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<b>Hours Worked:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of Hours Per Week: <input type="text"/> Number of Hours Per Week: <input type="text"/> <b>Total Numbers of Hours Worked:</b> <input type="text"/>
<b>Employee Worked as:</b> (check one) <input type="checkbox"/> Barber <input type="checkbox"/> Barbering Manager	
<b>I declare, as the Manager or Owner, the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.</b>	
<b>Signature of Manager or Owner</b> <input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>	<b>License Number:</b> <input type="text"/>